



Substance Use Disorders

Palo Alto, CA

QUERI Fact Sheet

January 2006

QUERI currently focuses on ten conditions that are prevalent and high-risk among veteran patients: chronic heart failure, colorectal cancer, diabetes, HIV/ AIDS, ischemic heart disease, mental health, polytrauma and blast-related injuries, spinal cord injury, stroke, and substance use disorders.

The economic cost of substance misuse involving alcohol and drugs in the United States is estimated to be more than \$150 billion per year, in addition to more than \$50 billion from tobacco use. Substance use disorders (SUDs) also are prevalent and extremely costly among VA patients. In FY02, 21% (75,900) of the 359,600 VA inpatients had a primary or secondary SUD (alcohol or drug) diagnosis. Of the 4.44 million VA outpatients treated in FY02, 10% (444,100) had an SUD diagnosis. Overall, 485,100 patients treated in the VA in FY02 had one or more substance use disorder diagnoses (McKellar, Lie, & Humphreys, 2003). A total of 42% of patients treated in specialized SUD inpatient programs had both alcohol and drug diagnoses, and 37% had one or more psychiatric diagnoses; in specialized outpatient programs, 15% of the patients seen had one or more psychiatric disorders. With respect to tobacco use, a 1997 survey found that 35% of veterans were current cigarette smokers. Among veterans using the VA as their usual source of health care, 47% smoked. The high prevalence and cost of substance use disorders, coupled with the increasing complexity of veteran patients' disorders, point to the need for improved quality of care in this area.

The Substance Use Disorders (SUD) Quality Enhancement Research Initiative (QUERI) employs the QUERI process (see back page) to improve the quality of care and health outcomes of veterans with substance use disorders. Since its inception in 1998, the SUD-QUERI's agenda has included:

- Cost and outcomes analyses of two pharmacologic treatments for opioid dependence;
- Review of best practices for patients who are diagnosed with both substance use and post-traumatic stress disorders (PTSD); and a
- Project to characterize mental health service episodes and link these to patient outcomes.

This agenda broadened in the SUD-QUERI's second year to include research projects on screening and brief intervention practices for substance use disorders in primary care; and on-site versus referral models of primary care for patients with these disorders.

SUD-QUERI Projects and Recent Findings

More recently funded projects focus on:

- Continuity in SUD care (best practices, outcomes, and costs);

- Clinical practices and outcomes in VA methadone maintenance programs; and a
- System for monitoring SUD patients' outcomes and care.

The following are some examples of current projects that focus on health issues of critical importance to veterans with substance use disorders.

Opioid Agonist Therapy Effectiveness (OpiATE) Initiative

SUD-QUERI worked to enhance access to, and quality of, opioid agonist therapy (OAT) within VA. With three new clinics opening in 2002, following the expansion of four existing clinics, the number of VA opioid-dependent patients receiving OAT increased by 19%, relative to 1999. The SUD-QUERI also worked with eight VA OAT clinics to refine the OpiATE Monitoring System (OMS) – a toolkit for implementing best practices for methadone dosing, counseling, maintenance (vs. detoxification) orientation, and contingency management. The OMS includes an

The SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for SUD-QUERI is **John Finney, PhD**, and the clinical coordinator is **Daniel Kivlahan, PhD**. The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, PhD; Thomas Berger, PhD; **Katharine Bradley, MD**; (Co-Clinical Coordinator); Geoff Curren, PhD; Mr. Anthony Catapano; Geoff Curran, PhD; **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Keith Humphreys, PhD; Anne Marie Joseph, MD, MPH; Thomas Kosten, MD; Joseph Liberto, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Dennis Raisch, RPh, PhD; Kathleen Schutte, PhD; Mark Shelhorse, MD; Scott Sherman, MD; Richard Suchinsky, MD; and Mark Willenbring, MD.

efficient method for case managers to track practice variables (e.g., dose, number of counseling visits). These data allow clinic staff to monitor their performance compared to best-practice recommendations. Additional quality improvement tools (e.g., expert panel dosing algorithm and consensus statement) are also included in the OMS. Clinics progressed toward quality improvement goals by increasing the numbers of patients on guideline concordant doses and revising clinic policies to be more consistent with a maintenance orientation and contingency management principles. The OMS was disseminated to all VA OAT clinics in the past year.

Recycling Smokers Through Effective Treatment (RESET)

Tobacco consumption is the single most preventable risk factor for disease. Another SUD-QUERI project assessed the effectiveness of a strategy to identify and link smokers who are interested in quitting with appropriate treatments. A previous survey by the investigators determined that most smokers who had made an unsuccessful quit attempt using pharmacological therapy were ready to try to quit again within a year and, thus, are ideal candidates for repeat smoking cessation treatment. The RESET Project used the VA Pharmacy Benefits Management (PBM) database to identify all veterans at participating facilities who received pharmacological treatment for smoking cessation in the past year. Veterans received either a phone call with a tailored provider prompt or “usual care.” In the intervention condition, a Progress Note was delivered via a computerized patient reminder system to the primary care provider and one additional signer (e.g., the smoking cessation clinic facilitator). The Progress Note contained information from the phone interview on the patient’s smoking status, treatment preferences, perceived barriers to abstinence, and experience with

last quit attempt. The intervention was successful in increasing the use of smoking cessation medications and one-week point-prevalence abstinence rates relative to control sites.

Additional SUD-QUERI Projects

- **Provider Survey:** In a nationwide survey, leaders of VA SUD treatment programs expressed general agreement with practice guideline benefits. However, lack of time, knowledge and skills were seen as major barriers to guideline implementation. Non-supervisory staff were perceived as neutral or opposed to guidelines, but conflict with program philosophy was not rated as a significant barrier. Modalities seen as efficacious but not well implemented, such as behavioral marital therapy and smoking cessation interventions are fertile areas for future quality improvement.
- **SUD-QUERI pilot-tested** an intervention to link veterans who want to quit smoking with a smoking cessation telephone helpline and to provide support for receiving smoking cessation medications. This project has demonstrated the feasibility of telephone coordination and high demand for smoking cessation services. The success of this project has led to staffing for telephone coordination in the VA Greater Los Angeles Health Care System and proposed staffing at the VA Palo Alto HCS, and to a Network/Research Collaboration Project to implement this system in VISNs 22 and 21.

THE QUERI PROCESS

The QUERI process includes six steps:

- 1) identify high-risk/high volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life.

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SUD-QUERI direct weblink: www.chce.research.med.va.gov/chce/content/queri.htm